Department of Public Safety and Corrections Liquefied Petroleum Gas Commission



Dealer Name Dealer Address ARIESHA J. DENTS EXECUTIVE DIRECTOR

RECIPROCAL SAFETY INSPECTION APPLICATION FORM

acceptable to	ying for (a) safet to the Louisiana I has/have been	Liquefied Petroleum	Gas Commission	nt. Attached is/are doc stating that (a) safety cal agreement with Lou	
1 2 3 4 5	Documention The inspection registration(s) The subject ed The company holder in Lou The request(s)	must be attached and (s) must have been with Louisiana. quipment must be curequesting the recipisiana.	nd must be acceptal performed 90 days arrently registered vorocal safety inspec- inspection(s) only.	ection request(s) to be gole to the LA L.P. Gas is prior to or 90 days after with the LA L.P. Gas it on (s) must be a currectly inspection requested	Comm. Comm. nt permit
Trailer Unit #	Serial #	Water Capacity	Manufacturer	Current LA	Reciprocal
		(Gallons)	Name	Registration Tag #	State
	ATION: I certi	v	s true and correct	and understand the	conditions
SIGNA	TURE OF PERSON MA	AKING CERTIFICATION		DATE	